

Contributing to a telehealth strategy and policy directions for Victoria

Session overview

- Purpose (10 minutes)
- Current State, Steps to achieve Future State, Future State
 - Discussion anything missing in diagram? (15 minutes)
- Program Logic Break-out session (45 minutes)
 - What are the steps we need to take to get there?
- Break-out Groups report back (20 minutes)

Definition

Telehealth is the delivery of accessible, patient centric healthcare services, at a distance using information and communication technologies (ATIP, August 2017)

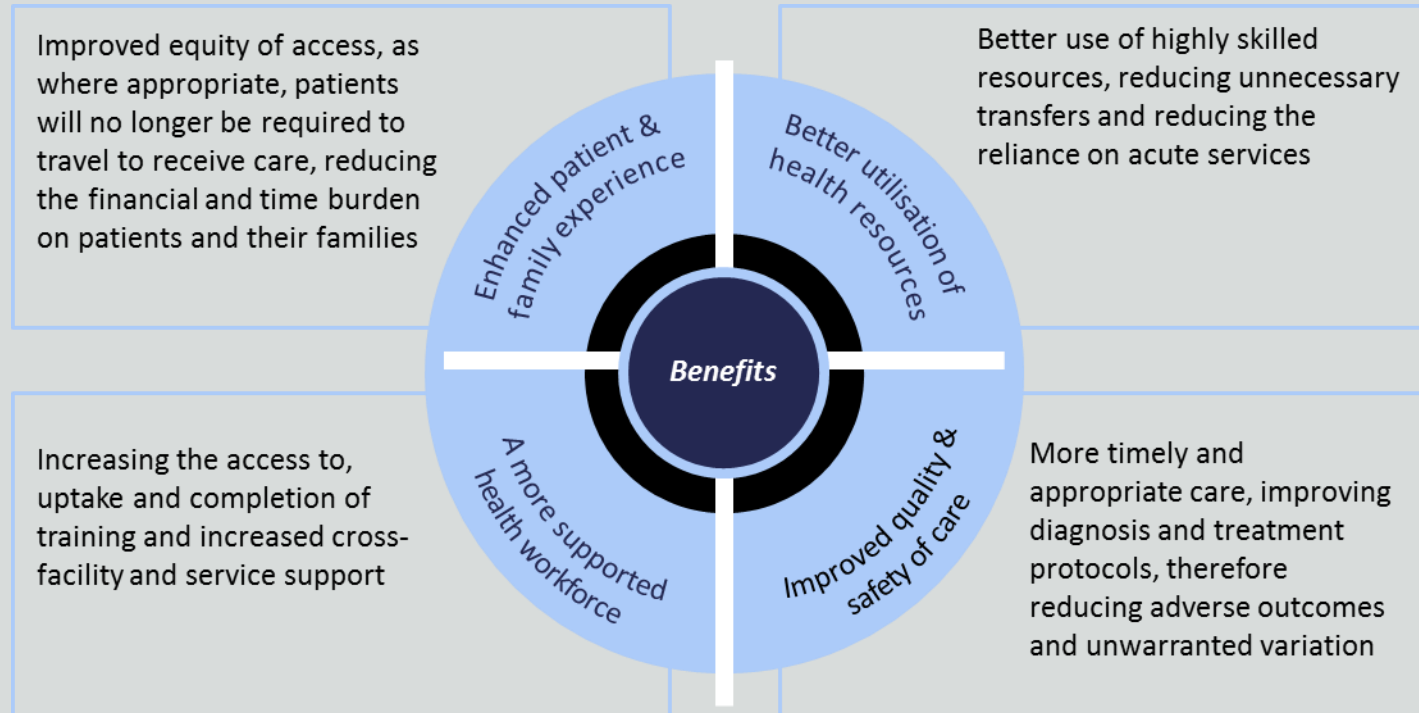
This definition of telehealth is inclusive of the terms telemedicine (often used to refer specifically to medical consultations) and telecare (often used to refer broadly to provision of monitoring and care that enables patients to maintain independence and safety while remaining in their own homes or communities).

Our vision for Telehealth in Victoria?

- *The State's vision for telehealth is that, where clinically appropriate, telehealth must be seen as a routine method of delivering clinical care, a viable and reliable alternative to face to face consultations and a mode of providing clinical advice, support and education.*
- *Telehealth is a key enabler in addressing the challenge of providing equitable access to high quality health care for all Victorians.*



Benefits delivered from Telehealth



Models of Care

1 Urgent care / unplanned consultations

Enabling the provision of support and specialist advice during an unplanned medical event. For example, emergency presentation or urgent care.

2 Planned consultations

Scheduled consultation that may or may not include a patient and secondary physician. For example, outpatients appointments and case conferencing between clinicians, patients and their families.

3 Home & community based care

Providing post-discharge management, community/home-based care delivery (particularly for those with chronic disease), including remote monitoring of patient vital signs.

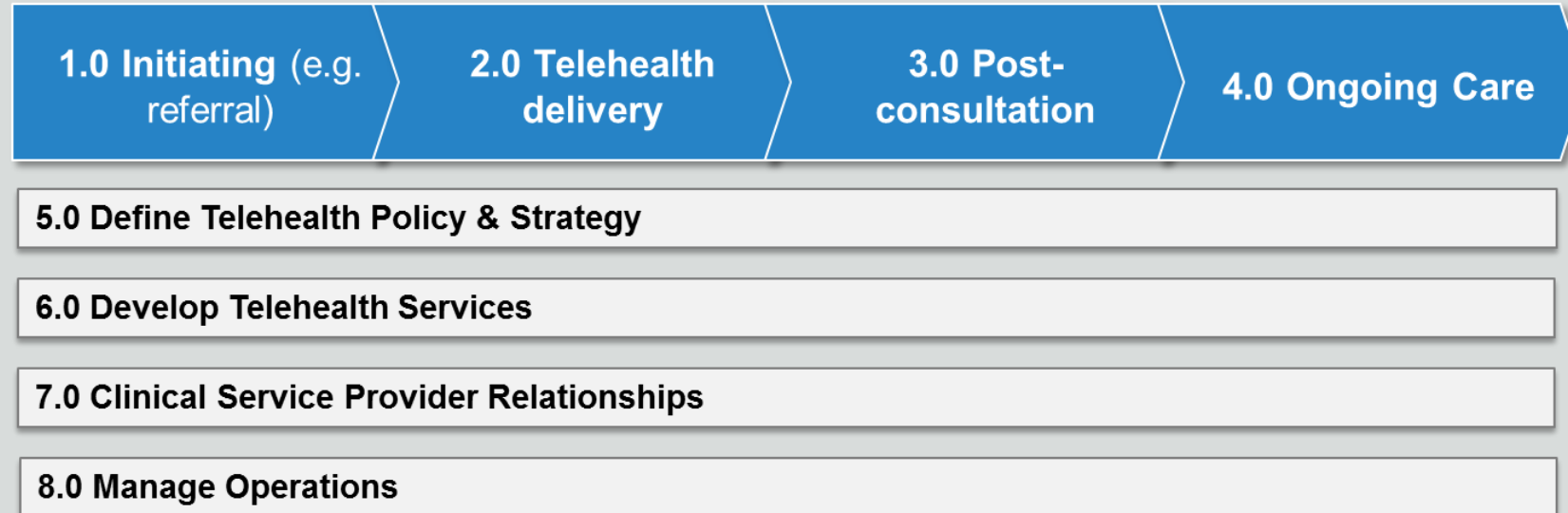
4 Education, training & clinical support

Events focused on education, training and supervision. For example, morbidity and mortality meetings and inter - hospital case study presentations for continuing professional development.



Developing Victoria's telehealth capabilities

The vision for telehealth in Victoria requires a range of enabling capabilities, including telehealth delivery capabilities and operational / business capabilities, as outlined below.

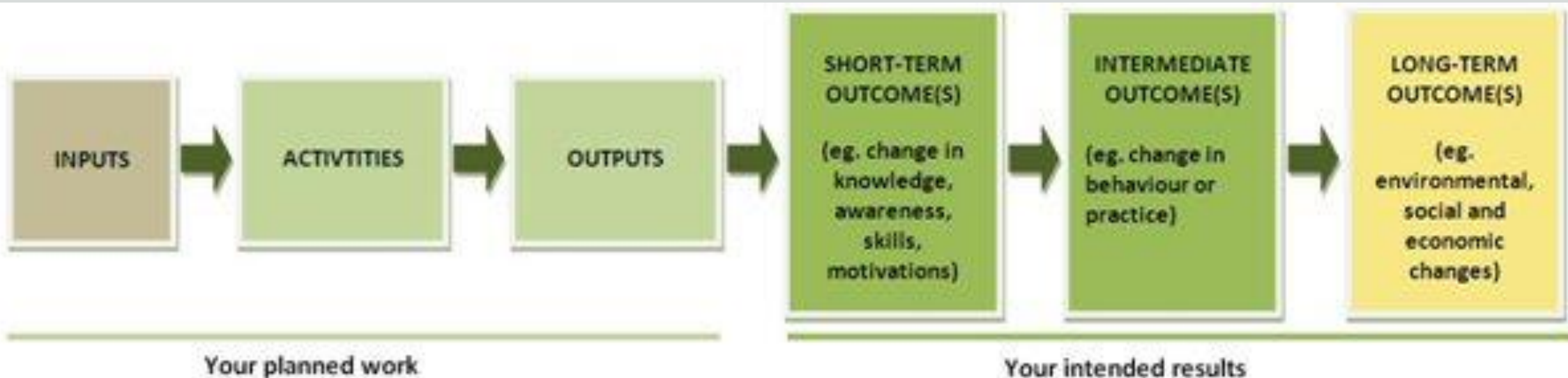


Framework for Telehealth

- What is direction we want to go?
- What are the keys steps that will deliver the future state?
- What's achievable with the constraints we have?
- What can we do at a state level, at a health service/regional level and in partnership?

Program Logic

- Also known as
 - outcome model
 - outcome logic
 - logic model
 - outcome hierarchy
- Sets out what a program or project will do and how it will do it
 - how you will achieve the desired change, and what needs to be delivered to achieve the change



Where do we start?

1. Identify the long-term outcomes (future state / direction)
2. Working backwards to identify the necessary steps (actions) required to achieve these outcomes.

The benefit of “backcasting”, compared to forecasting, is that it allows you to think through what is needed to create the future, rather than thinking about what is currently happening and trying to predict the future.

Backcasting

- **Long-term outcomes** = Desired future state
 - **Intermediate outcomes** - *what needs to have occurred for the long-term outcomes to be achieved?*
 - **Short-term outcomes** - *what needs to have occurred for the intermediate outcomes to be achieved?*
 - **Outputs** - *what outputs are needed to achieve the short-term outcomes?*
 - **Activities** - *what activities are needed to achieve the outputs outcomes?*
 - **Inputs** - *what inputs are needed to deliver the activities?*

Backcasting

- **Long-term outcomes** – *People enjoyed the cake and the party; take and adapt the recipe – and host their own party!*
 - **Intermediate outcomes** – *People arriving and admiring the cake*
 - **Short-term outcomes** – *cooked and decorated cake; party organised*
 - **Outputs** – *uncooked mixture; icing; decorations; your version of the recipe; invitations to the party*
 - **Activities** – *shopping; cleaning kitchen; adjust recipe; check equipment; cooking*
 - **Inputs** – *ingredients; people – to make it, to eat it; recipe; equipment; \$5*

Keep in mind

- The activities and outputs need to be achievable & feasible: what are the incremental steps to get us where we want to be?



- Think about timeframes:
 - next 12 months
 - next 24 months

Activity

- One together then one group per future state objective (6 groups)
- Work through the backcasting process in each group (~ 10 minutes for each step)
 - **Outcomes**
 - **Outputs & Activities**
 - **Inputs**
- Each group to report back (~ 5 mins each)

Here are the questions to consider ...

- **Long-term outcomes** = Desired future state
 - **Intermediate outcomes** - *what needs to have occurred for the long-term outcomes to be achieved?*
 - **Short-term outcomes** - *what needs to have occurred for the intermediate outcomes to be achieved?*
 - **Outputs** - *what outputs are needed to achieve the short-term outcomes?*
 - **Activities** - *what activities are needed to achieve the outputs outcomes?*
 - **Inputs** - *what inputs are needed to deliver the activities?*

Review

- **Review** your program logic – from inputs to activities and onwards to the long-term outcome.
Do the means that have been identified logically lead to the ends that are desired?
- Identify **assumptions** that underpin each step's success – these may include internal or external factors (e.g. staff skills, or changes in legislation).
- Is it achievable / feasible? **Prioritise** or identify incremental steps to achieve the desired outcome.